

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44852
STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 69

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY JEFFERSON)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DE SOTO			c. CITY OR TOWN DE SOTO		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE			d. STREET ADDRESS 820 EAST VALLE		
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First NELLIE Middle BEATRICE Last TULLOCK			Month 12 Day 17 Year 57		
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 4, 1887		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) BONNE TERRE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JACK MURRELL		13b. MOTHER'S MAIDEN NAME GRACE UNKNOWN		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT Address ROLLA TULLOCK FESTUS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) metastatic cancer					INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) 1999					19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from Nov. 10, 1957 to Dec. 16, 1957 and last saw her alive on Dec. 16, 1957 Death occurred at 7:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Harold E. Donnell M.D.		(Degree or title) 0		22b. ADDRESS 16 Boyd, De Soto, Mo	
22c. DATE SIGNED Dec 20, 57					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-22-57		23c. NAME OF CEMETERY OR CREMATORY HERCULANEUM, CEMETERY	
				23d. LOCATION (City, town, or county) HERCULANEUM, MO.	
24. FUNERAL DIRECTOR Anthony R. Pelitto Crystal City - Mo.		ADDRESS 12-23-1957		25. DATE RECD. BY LOCAL REG. Marie Harris	
				26. REGISTRAR'S SIGNATURE	

Securing the medical certification in the specific manner required by §§ 140 MO RS 1949.

Doctor, coroner, etc. must use only standard non-enclosure in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
DEC 28 1957

15-17-57

DEC 28 1957

DEATH

DEATH

USA

MISSOURI, BOMBE TERRY

OWN HOME

RETIRED HOUSE WORK

MISSOURI

MISSOURI

JACK MURRELL

ROLLA TULLOCK LESSES, NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Anthony R. Polietto

A 24:7

Licensed Embalmer No. 3481

P. O. Address Crystal City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.